

разработка Госагентством по энергоэффективности и энергосбережению Национального плана действий по возобновляемой энергетике на период до 2020 года, утвержденного распоряжением КМУ от 1 октября 2014 г. № 902-р. Согласно этому плану, общее количество энергии, полученной из ВИЭ, к 2020 году должно дойти до отметки в 11%.

В свою очередь, Энергетическое сообщество также прилагает усилия для того, чтобы реформы в Украине происходили эффективно и в установленные сроки. Создана специальная многосторонняя рабочая группа по имплементации обязательств Украины в рамках сообщества. Основной задачей Украины является предоставление ежегодного отчета о предпринятых мерах по изменению законодательства в сфере энергетики.

Учитывая сложную политическую и экономическую ситуацию, которая сложилась в нашем государстве, приведение законодательной базы, регулирующей сферу использования ВИЭ в соответствии с требованиями Европейского Союза и Энергетического сообщества, позволило бы Украине ускорить процесс евроинтеграции, а также ослабило бы зависимость нашей страны от импорта традиционных энергоресурсов.

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ONCOLOGY PACKAGE- A POLITICAL DEVELOPMENT STRATEGY OF HEALTH SERVICE IN POLAND ANALYSIS OF THE STATE OF POLISH HEALTH CARE

Polish health service is not the most prosperous, and society is geared to it pejoratively. It is a common complaint of the disparities between the health needs of patients and the possibilities of satisfying them, the deficiencies in the equipment of hospitals, the low salaries of health workers and on growing in this context corrupt practices [A. Ostrowska: *Paternalizm i partnerstwo. Społeczny kontekst relacji*

pacjent-lekarz [w]: *Etyczne aspekty decyzji medycznych*, edited by. J. Hartman, M. Waligóry, Warsaw 2011, p. 13]. Most induce chronic negative emotions waiting periods for a visit to a specialist or operation carried out under the National Health Fund. Frequent cases are distant terms of several months or even several years.

For an objective approach to the issue, should we reach to the latest rankings of assessing the state of health care in individual countries. At the beginning of 2015 it has been published by the European Health Consumer Index (EHCI), classifying Poland at the 31st place out of 37. When assessing taken into account e.g.: observance of patient's rights, waiting times for medical services, infant mortality, survival in the case of cancer, the scope of guaranteed benefits, preventive measures and availability of new medicines [<http://www.tvn24.pl/wiadomosci-z-kraju,3/polska-slabo-w-rankingu-jakosci-sluzby-zdrowia,510077.html>, (06.06.2015)]. For 1000 possible points, in 2014 Poland gained 511 points, ranking in the ranking a little higher, than for example. Lithuania, Serbia and Montenegro. Incontrovertible is the widespread dissatisfaction with this poor performance in the developed, capitalist country. For comparison, in 2013 Poland took 32 place, scoring 521 points [<http://www.rynekzdrowia.pl/Polityka-zdrowotna/Polska-ochrona-zdrowia-na-31-miejscu-w-Europie-wg-rankingu-konsumenckiego,148505,14.html>, (06.06.2015)]. For over twenty years, the Polish health service policy is the subject of lively discussion. Noticeable is a lack of long-term action plan, aimed at a thorough revitalization. The society, which are de facto the main recipients of health care services regularly provided by the Ministry of Health reforms to improve the condition of the health care system. Unfortunately, due to excess bureaucracy and the political ambitions of the authorities of the Ministry of the proposed changes are often introduced without prior, in-depth consultations with the medical community, as it was described even when the package oncology. Dr. Arne Björnberg, President of Health Consumer Powerhouse, who conducted the study EHCI, making recommendations stated: *As the large central European country, belonging to the EU, Polish results are undeniably weak. For many years, surprising lack of focus of Polish policy on health care and obvious helplessness in improving the appalling*

conditions[<http://swiat.newsweek.pl/ranking-sluzby-zdrowia-polska-wypadla-gorzej-niz-albania-newsweek-pl,artykuly,356417,1.html>, (06.06.2015)]. Honest, however painful specialist comment could not be overlooked. Politicians from different parties willingly spoke about the unsatisfactory results Polish. According to the Civic Platform deputy Paul Olszewski quality of care is improving, although the process of change is slow. In support of their words he presented the idea introduced by Health Minister Bartosz Arlukowicz, namely oncology package or a package of queuing. Law and Justice spokesman Marcin Mastalerek criticized the lack of visible improvement, accusing the lack of effects in the past 7 years. Also spoke disapprovingly spokesman for the Democratic Left Alliance Dariusz Joński commenting on the idea of oncology package and absurd lengthening queues which, in accordance with the objectives of the project were to be reduced [Deputies comments from <http://www.tvn24.pl/wiadomosci-z-kraju,3/polska-slabo-w-rankingu-jakosci-sluzby-zdrowia,510077.html>, (06.06.2015)].

ONCOLOGY PACKAGE HOPE FOR AWAITED CHANGES

The solution proposed by the Ministry of Health and which has applied since 1 January 2015 it is called oncology package. As we read on the official website of the package is a colloquial term legislation introducing so-called. fast oncological therapy that is an organizational solution designed to efficiently and quickly lead the patient through successive stages of diagnosis and treatment. Fast oncological therapy is intended for patients whose doctors suspect or detect malignancy and patients during cancer treatment using chemotherapy or radiotherapy. There are no age restrictions on access to treatment through the rapid treatment of cancer. Importantly, formally oncology package is not a program or preventive health. The patient does not report itself to the rapid treatment of oncological nor to her not to be registered. Also, the Ministry of Health or the National Health Fund patients are not eligible to participate in the rapid treatment of cancer. A treatment decision in the context of rapid oncological therapy - based on patient test results - made by a doctor [Definition from <http://pakietonkologiczny.gov.pl/faq/>, (06.06.2015)]. Among the postulated benefits that is expected to bring the proposed reform primarily includes

reducing wait times for patients with suspected cancer, to organize the process of diagnosis and treatment of the patient, the introduction of rapid diagnosis and comprehensive treatment. As called Democratic Left Alliance deputy Minister of Health target time of filing of the patient to a specialist to cancer it will amount to 7 weeks in 2017, in 2015 to 9 weeks [An Interview A. Rudnickiej with Ministry of Health B. Arłukowicz, Głos Pacjenta Onkologicznego, December 2014, p. 3]. Furthermore we expect to reduce the number of deaths of patients and reduce treatment costs by as the earliest detection of disease. In simple changes resulting from the implementation of the package will include a number of planes: two new tools in the form of a card diagnosis and treatment of oncological systemic changes, namely the abolition of limits on the diagnosis and treatment of cancer and a number of organizational changes[An Interview A. Rudnickiej with Ministry of Health B. Arłukowicz, Głos Pacjenta Onkologicznego, December 2014, p. 18].

A GREEN CARD AND A CANCER TRACKER

Oncology package before the entry into force of aroused huge controversy. Constantly discussions took place, especially in the medical community, how the proposed changes really contributed to the improvement of the situation. Oncologists, as a group directly interested in the case, have repeatedly reproached authors of the project a number of inaccuracies and presented their legitimate concerns. Since the introduction of the package is noticeable intensification of a number of problems and doubts related to its functioning. Even the green card is issued to patients, often corrected before the new year, still must pass a series of adjustments to achieve the desired shape. According to professor Krzakowski said the document should be a «road map» and identifying algorithm further proceedings equally serving the sick and the doctors. It should be a flexible document and allow modifications, which are often unavoidable and often result from a particular clinical situation[An interview A. Rudnickiej with M. Krzakowski, Głos Pacjenta Onkologicznego, December 2014, p. 6]. In addition, the demands are raised, supposedly the Ministry of Health and the National Health Fund tried to move the entire burden of responsibility qualifications patients requiring so-called issue. green card for GPs. In support of this thesis is

worth mentioning that, during the Jan. 14, 2015 organized by the Batory Foundation. Lesław A. Paga debate titled « Oncological Package - new rules, old problems» widely discussed problem threads. Gregory Stachacz, associated with the project leaders of Health, presented a plea directed against the Ministry of Health and the National Health Fund that these institutions would put additional complex responsibilities including issuing green cards GPs who until now have in your practice such activities did not have. As pointed out by Stachacz assumptions oncology package are good, but the tool firmly defective. In his opinion, it is necessary to reach the GPs, the answer to their doubts. One of the biggest is the system of training in the field of cancer diagnostics [More: [http://www.paga.org.pl/aktualnosci?more=2097957683,\(06.06.2015\)](http://www.paga.org.pl/aktualnosci?more=2097957683,(06.06.2015))].

SEEKING SOLUTIONS

Package oncological there are only a few months, so unreliable would be to assess its effectiveness at this stage. In addition, it is also difficult to make estimates of indicators of individual physicians, although the first design were to be calculated in March. So far we know nothing about relevancy to issue green cards. It is impossible to deny the noble idea of developers package that patients with suspected cancer as quickly able to attempt treatment. Given, in particular, the Polish state health service in which, according to rankings and public life leaves a lot to the health care system faced a challenge like to accept, and most importantly to adopt a permanent solution contained in the reform. The changes will not be possible without the willingness to engage doctors themselves, of which at the stage of change, everything depends. It's hard to require that goodwill and will act when doctors at the outset, before anything began to function, are threatened with the guidelines and recommendations incomprehensible that no one consulted with them. However now it's too late, this postulate *de lege ferenda* should be to eliminate limiting indicators and resignation of receiving a card issuance capabilities. More than it should to hold consultations on the line Ministry-NHF-the medical community to work together on the path of action. Unpleasant consequences are born of the reform introduced a number of unpleasantness for the doctor, they undermine his professional education and receive

the freedom of conduct according to their own medical intuition. Instead diagnose and help, doctors will count its effectiveness, the cost of research for which they sent patients and what happens if one of them negatively assessed by the indicator will be called to a supervisor. A number of concerns can lead to disastrous conflicts between all links in the chain of dependence. Tensions arise on all levels: between doctors, between patients, between doctors and families of patients, between patients and their families, between officials and patients and doctors[J. Hartman: *Wojna lekarzy z pacjentami*, w: *Etyczne aspekty decyzji medycznych*, edited by J. Hartman, M. Waligóra, Warsaw 2011, p. 23]. Mutual cooperation is the key to success, for which I belong undoubtedly consider it proper implementation of the demands of the oncology package. It is unreasonable to restrict in any way the doctor in making a diagnosis and as a manifestation of the negative consequences receive the right to issue cards that could save someone's life. Nothing good can also announces additional pull to the responsibility for issuing it without permission captured on the short course. Is the Polish health service able to carry the burden of reform and whether doctors instead rely indicators will cure the sick it turns out in practice.

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POLARISATION AND ITS IMPORTANCE IN THE ANALYSIS OF THE CONTEMPORARY FOREIGN POLITICS OF THE REPUBLIC OF POLAND

Polarisation in the theory of politics is widely known because of the scientific papers of Carl Schmitt [C. Schmitt, *Teologia polityczna i inne pisma*, Warszawa 2012, p. 245-314.] and Chantal Mouffe [Ch. Mouffe, *Polityczność: Przewodnik krytyki politycznej*, Warszawa 2008, p. 16-23.]. The analysis of the concept of *a friend and an enemy* helps to categorise and understand the ideas that bother the deciders who study international and internal affairs. Polarisation can be exemplified by natural contrasts (even from everyday life) and by the contrasts in politics: West–East, democracy – totalitarianism and via political notions (the government –